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Certified by



Jon W Dudas

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PROVISIONAL APPLICATION FOR PATENT COVER SHEET

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53(c).

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<input type="checkbox"/> Additional inventors are being named on the _____ separately numbered sheets attached hereto					
TITLE OF THE INVENTION (500 characters max)					
PERCUTANEOUS TRANSGASTRIC TECHNIQUES FOR PERITONEOSCOPY USING TRANSGASTRIC TRANSILLUMINATION					
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ENCLOSED APPLICATION PARTS (check all that apply)					
<input checked="" type="checkbox"/> Specification		Number of Pages 6		<input type="checkbox"/> CD(s), Number	
<input checked="" type="checkbox"/> Drawing(s)		Number of Sheets NONE		<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.				FILING FEE	
<input checked="" type="checkbox"/> A check or money order is enclosed to cover the filing fees				AMOUNT (\$)	
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The invention was made by an agency of the United States Government or under a contract with an agency of the United States Government.					
<input checked="" type="checkbox"/> No.					
<input type="checkbox"/> Yes, the name of the U.S. Government agency and the Government contract number are: _____					

Respectfully submitted,

SIGNATURE

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Date 12/01/2003

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44,523

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Docket Number:

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USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

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PATENT
UTSG:266USP1

Provisional Application For United States Letters Patent

for

PERCUTANEOUS TRANSGASTRIC TECHNIQUES FOR PERITONEOSCOPY USING
TRANSGASTRIC TRANSILLUMINATION

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and

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Background of the Invention

1. Field of the Invention

5 The present invention relates generally to medical techniques and associated devices. More particularly, and in a preferred embodiment, it relates to transgastric access into the peritoneal cavity using a guidewire directed into the stomach via the lumen of a needle punctured through the abdominal and gastric wall. It offers techniques for access to the peritoneal cavity from the gastric lumen that (1) allow direct access to the peritoneal cavity and (2) avoid damage to the peritoneal organs.

2. Description of Related Art

10 Traditional techniques to access the peritoneal cavity can damage peritoneal organs and do not always offer rapid and easy access. Accordingly, there is a need for the techniques of this disclosure.

Summary of the Invention

20 Techniques of this disclosure avoid injury to the intra-abdominal organs during gastric wall incision while providing rapid and easy access to the peritoneal cavity. In a broad sense, the invention involves methods and associated equipment for performing a gastric wall incision as a means of entry into the peritoneal cavity.

25 Other features and associated advantages will become apparent with reference to the following detailed description of specific embodiments.

Description of Illustrative Embodiments

5 The techniques of this disclosure can represent the first step taken to enter the peritoneal cavity, for a wide range of surgical and GYN procedures.

10 In one embodiment, under general anesthesia using sterile technique and equipment, an upper endoscopy is performed. The endoscope can be advanced into the stomach and is insufflated with air. The anterior wall of the abdomen can be transilluminated. It is at this site that the wall is punctured with a needle, under direct view through the endoscope. A guidewire is advanced through this needle and captured with endoscopic forceps and pulled through biopsy channel. A sphincterotome can be advanced over the guidewire, into the stomach where the incision into the peritoneal cavity is made.

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In another embodiment, an endoscope is advanced into the stomach and is distended with air (through the endoscope). The anterior abdominal wall is transilluminated and is punctured with a needle under direct visualization through the endoscope. A guidewire is passed into the stomach through the lumen of the needle and is captured with endoscopic forceps, then withdrawn through the biopsy channel of the endoscope. A sphinctertome is placed over the wire and advanced into the stomach and the incision of the gastric wall is made.

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25 Techniques of this disclosure can be used in humans as an entry for various abdominal surgeries and can eliminate incision of the skin, subcutaneous fat tissue and abdominal wall muscle, preventing numerous potential complications: infection, formation of abscess, post-operative hernias.

Those having ordinary skill in the art will recognize, with the benefit of this disclosure that other embodiments relating to the general embodiments described above can be used to likewise provide access to, and perform procedures on associated structures in, the peritoneal cavity.

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Additionally, with the benefit of the present disclosure, those having ordinary skill in the art will comprehend that techniques described here may be modified and applied to a number of additional, different applications, achieving the same or a similar result.

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* * *

References

Each of the following references is incorporated by reference in its entirety:

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PERCUTANEOUS TRANSGASTRIC TECHNIQUES FOR PERITONEOSCOPY
USING TRANSGASTRIC TRANSILLUMINATION

Abstract of the Disclosure

5 Medical techniques and associated devices. In one embodiment, transgastric access into the peritoneal cavity is provided using a guidewire directed into the stomach via the lumen of a needle punctured through the abdominal and gastric wall. Access to the peritoneal cavity by way of a gastric wall incision (1) allows direct access to the peritoneal cavity and (2) avoids damage to the peritoneal organs.